PTO/SB/17 (10-08)

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	P	0/0004			Con	plete if Know	'n	
Fees pursuant to t	Effective on 12/0 he Consolidated Appro		R. 4818).	Application Nur	mber	10/632,673-Cd	onf. #2695)
FFF	FEE TRANSMITTAL			Filing Date		August 1, 2003		
'				First Named Inventor		David Fusari		
For FY 2009			Examiner Name		D. Y. Eng			
X Applicant claims small entity status. See 37 CFR 1.27		7	Art Unit		2455			
TOTAL AMOUNT	TOTAL AMOUNT OF PAYMENT (\$) 470.00			Attorney Docket No.		S1389.70013US00		
METHOD OF	PAYMENT (chec	k all that apply)						
Check	x Credit Card	Money Order	Nor	e Other	(please identii	fy):		
Deposit Ac	count Deposit Accour	t Number: 23/	2825	Deposit	Account Name	e: Wolf, Greer	nfield & Sa	icks, P.C.
For the	above-identified de	posit account, the D	irector is	hereby authoriz	ed to: (che	ck all that apply)		
CI	harge fee(s) indicate	ed below		Charg	ge fee(s) in	dicated below, e	xcept for t	he filing fee
	harge any additiona e(s) under 37 CFR		ments o	x Credit	t any overp	ayments		
FEE CALCUL	ATION							
1. BASIC FILIN	G, SEARCH, AND	EXAMINATION FE	ES					
	F	ILING FEES	SEA	ARCH FEES		NATION FEES		
Application Ty	<u>ype</u> <u>Fee</u>	Small Entity (\$) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	330		540	270	220	110		
Design	220		100	50	140	70		
Plant	220		330	165	170	85		
Reissue	330		540	270	650	325		
Provisional	220		0	0	0	0		
2. EXCESS CLA		, 110	v	v		·		Small Entity
Fee Description							Fee (\$)	Fee (\$)
	r 20 (including Rei	ssues)					52	26
Each independe	ent claim over 3 (in	cluding Reissues)					220	110
Multiple depend	dent claims						390	195
Total Claims	Extra Clair	ns Fee (\$)	F	ee Paid (\$)	7	<u> Multiple Depend</u>	lent Claim	<u>s</u>
	- or HP =	x =			<u>F</u>	<u>ee (\$)</u>	<u>Fee Paid (</u>	<u>\$)</u>
HP = highest num	ber of total claims paid t	or, if greater than 20.						
Indep. Claims	Extra Clair	ns Fee (\$)	F	ee Paid (\$)				
	- or HP =	x =						
HP = highest num	ber of independent clair	ns paid for, if greater tha	an 3.					
3. APPLICATIO If the specifica	ation and drawings	exceed 100 sheets	of paper	(excluding elect	ronically fi	iled sequence or	computer	•
	ler 37 CFR 1.52(e); action thereof. See					muty) for each a	idditional 3	ν (
<u>Total Sheet</u>	s <u>Extra She</u>	ets <u>Number</u>	of each a	dditional 50 or fra	ction there		Fee	Paid (\$)
	100 =	/50 =		(round up to a wh	ole number)	х	=	
4. OTHER FEE(•						Fees	Paid (\$)
Non-English	Specification, \$1	30 fee (no small en	itity disc	ount) sponse within f	iret month	•	6	35.00
Other (e.g., l	late filing surcharge	2801 Request	for con	tinued examina	ation (RCE	: E) (see 37		05.00
OUDWITTE TY		. 1						
SUBMITTED BY	- A/ K	4		Registration No.	36 140	Telephone	617 64	6.8000
Signature	_///_/{\$	7		(Attorney/Agent)	36,149		. , ,	0.0000
Name (Print/Type)	Richard F. Giun	ta				Date 4	18/09	

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